exas cuilo	S Commission	P.O. BOX 12070	Austin, Texas 78711	-2070	(512)463-5800	1-800-325-850
CA DE	NDIDATE SIGNATIO	/ OFFICEH ON OF FINA	HOLDER RI AL REPORT	EPORT: OIT	CESAN ANTONIO	OH - FR
The I	nstruction Guid	e explains how f 'Report Type" on	to complete this fo page 1 is marked	1155.	DEC 21 A 9: 45	
C/OH	NAME NAY /Y IATURE	Payahue	(-Thom	pos	2 ACCOUNT#(E	Ethics Commission filers)
a re	port as a final repo	rt terminates my cam	s or political expenditure paign treasurer appoint res without a campaign	ment. I also underst treasurer appointment	y candidacy. I understand to and that I may not accept on file.	any campaign
CH CH	P WHO IS NOT	AN OFFICEHOL	ncn .			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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A.	CAMPAIGN FU	INDS				5 229
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				Jaj	Signature of Januardate	
	CEHOLDER  nplete this section	only if you are an o	fficeholder			
	I am aware that I re	emain subject to filing r	equirements applicable to	an officeholder who do	es not have a campaign trea	isurer on file.
				<del></del>	Signature of Officeholde	er

FORM COR-C/OH

## **CORRECTION AFFIDAVIT FOR**

CANDIDATE/OFFICEHOLDER See backside for instructions ACCOUNT# CANDIDATE / Forny OFFICE USE ONLY Ms **OFFICEHOLDER** NAME NICKNAME 4 ORIGINAL January 15 REPORT TYPE Date Hand-delivered or Date Postmarked July 15 30th day before election 15th day after treasurer appointment (officeholder only) Receipt # Amount 8th day before election Final report Legai Totals ORIGINAL PERIOD COVERED Date Processed THROUGH 1-01 to 1-0 Date Imaged 6 **EXPLANATION OF** CORRECTION incomplete ---7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report. to certify which, witness my hand and seal of office. Remember To Attach Any Part Of The Campaign Finance Report Form

**Needed To Report And Explain Corrections** 

### CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

# FORM C/OH

			GOVER SHEET PG T
The C/OH INSTRUCTION this form.	ом Guoz explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST	MI	OFFICE USE ONLY
	MS SOMMI	SUFFIX	Data Received
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SUDE #: CI	ITY: STATE: ZIP CODE	
ADDRESS  Change of Address	9314 Kenton Hill	1 S.A-10240	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	TITLE FIRST MES Beni	MI	
NAME	NICKNAME LAST	SUFFIX	Receipt # Amount  Date Processed
	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT	ey	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	922 Lee Halls	EF CITY: STATE:	2P CODE 201
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (20) 735-194	EXTENSION	
8 REPORTTYPE  Final	January 15 30th day before election		15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROU	IGH 1/10/	62
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year  5/5/0/ Primary	Runoff	Semenal Special
11 OFFICE	OFFICE HELD (I any)  NON E	12 OFFICE SOUGHT (If Innoun)	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expen Candidates are required to disclose this information or	ditures made by others without the cand	idate's prior consent or approval.
EXPENDITURE BY OTHER INDIVIDUALS	Name  Address / PO Bos; Apt. / Suite 8; City; State: Zi	<u>e</u>	: 7
additional pages		ansare of	L n n
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### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

## C/OH NAME    18 NOTICE   The type of fortice of policial gardinates by policial committees to apport the candidate / officiancider. These expenditure in the provision made without the candidate to officiancider's provision or consent. Candidates and officiancider are required to make the candidate to officiancider's provision or consent. Candidates and officiancider are required to make the candidate to officiancider's provision or consent. Candidates and officiancider are required to make the candidate of the candidate to officiancider's provision or consent. Candidates and officiancider are required to make the candidate of the candidate of consent. Candidates and officiancider are required to make the candidate of the can				——————————————————————————————————————
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19 AFFIDAVIT		5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	
I swear, or affirm, under penalty of perjury, that the accompanying rep	.,,,,,,,	S. S	I swear, or affirm, under penalty of p	perjury, that the accompanying report
me under Title 15, Election Code.	TAR	PUBLICATION		nformation required to be reported by
Signature of Capalitate or Officeholder  Signature of Capalitate or Officeholder	11,04-0	OFTERS OF THE STATE OF THE STAT	Signature of Cand	salud-) Ja
Anuani 17-		ed before me, by the	/ /	, this the UFW day
Melhada S. M. Melinda S. love Notary	Melhala	S. M	ty which, witness my hand and seal of office.  Mell N/A S. /n/2 P Z. Wi	Utanj_
Signature of officer administering ceth Printed name of officer administering ceth Title of officer administering ceth  Printed on recycled paper  Revised 05/	Signature of officer adm	ninisteriple onth	Printed name of officer administering oath Tit	de of office administering outh

e	as Ethics	Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512)463-5800 1-800-325-850
				HOLDER REPORT: AL REPORT	FORM C/OH - FR
				to complete this form. page 1 is marked "Final Report"	•
1	C/OH N		Maya hip	1Thomas	2 ACCOUNT #(Ethics Commission flers)
	a rep	ort as a final repo	ort terminates my can	ns or political expenditures in connection with a paign treasurer appointment. I also under ures without a campaign treasurer appointment.	stand that I may not accept any campaign
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	A.	CAMPAIGN FU	JNDS		CITY 2001
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				<i>I</i>	Signature of Candidate

#### 5 OFFICEHOLDER

↔ Complete this section only if you are an officeholder ↔

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

	TO THE OWN		COVER SHEET PG T	
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST	MI	OFFICE USE ONLY	
i "	NICKNAME LAST TO THE	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #:	CITY; STATE; ZIP CODE	CITY 0 C 2001 AP	
Change of Address		7240	Date Hand-delivered or Date Postinaried	
5 CAMPAIGN TREASURER NAME	TITLE FIRST		Receipt # # Amount	
	NICKNAME LAST	SUFFIX	Date Processed Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT JACK	CITY: STATE:	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
8 REPORTTYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month Day Year THROI	JGH 2-// 1/	Year /	
10 ELECTION	ELECTION DATE Month Day Year  5 / 5 / 0 / Primary	Runoff	General Special	
11 OFFICE	OFFICE HELD (If any)	12 OFFICE SOUGHT (If Innown)	Ĭ	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign experior Candidates are required to disclose this information of the control of	nditures made by others without the cand	date's prior consent or approval	
BY OTHER INDIVIDUALS	Name  Address / PO Box: Apt. / Suite #: Citic State: / 2		: `	
Address / PO Box; Apt. / Suite #; Ciff; State; Zip Code				
	до то I	PAGE 2		

### **CANDIDATE / OFFICEHOLDER REPORT:**

### FORM C/OH

SUPPORT	& IOIALS		COVER SHEET PG 2	
14 C/OH NAME	nny M	avahiro/Thomas	15 ACCOUNT #(Ethics Commission flers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice may have been made w	of political expenditures by political committees to support the candithout the candidate's or officeholder's knowledge or consent. Candidatey receive notice of such expenditures.	idate / officeholder. These expenditures ates and officeholders are required to report	
001/11/11/12/09	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
SEIVED SAN ANGONIO Y CLERIA -5 Pau: 41		COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NOREPORTABLE	Check here if no	reportable activity occurred during this reporting period. (Sign affidavit be	slow and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS	1. TOTAL PO PLEDGES	LITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,000,	
		OLITICAL CONTRIBUTIONS HAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ /,000.	
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	4. TOTAL P	OLITICAL EXPENDITURES	\$ 1600.00	
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	\$	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  MELISSA AREVALO NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 06-28-2004				
AFFIX NOTARY STAMP		Signatule/of Cand	ídate/ór Officeholder	
Sworn to and subscrib		said Fanny Mayahuel-Thomas	5, this the 5th day	
of Arth Pn , 20	Crivalo	y which, witness my hand and seal of office.  ALLICE AVEVALO  Printed name of officer administering oath  Tit	tle of officer administering oath	

Principal occupation (Optional) Employer (Optional)

Date Full name of contributor Doubof-state PAC (IDst: ) Amount of

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	PLEDGE	D CONTRIBUTIONS		(FOR FORMS C/OH,	SCHEDULE B1 SC-C/OH, SC-SPAC, & SPAC)	
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:	
2	FILER NAMI	Ε		3 ACCOUNT # (Es	nics Commission filers)	
4	тот	AL OF UNITEMIZED PLEDGES:	a a a	<b>ਹੇ</b>	\$	
5	Date	6 Full name of pledgorout-of-state PAC (ID#:	)	g Amount of pledge (\$)	9 In-kind description (if applicable)	
		7 Pledgor address; City; State; Zip Code		7		
10	Principal occup	ation (optional)	11 Employer option	aí)		
	Date	Full name of pledgor out of state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
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	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

LOANS				SCHEDULE E
The Instruction Guil	DE explains how to complete this form.		1 Total pages Sche	idule E:
2 FILER NAME			3 ACCOUNT # (Ett	nics Commission filers)
4 TOTA	L OF UNITEMIZED LOANS:	<b>a a a a</b>	<b>\$</b>	\$
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N	(\ /		:	11 Maturity date
12 Description of Collate	ral	1		
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		C11 200
17 Principal Occupation		18 Employer	•	RE CIT
Date of loan	Name of lender	Out-of-state PAC (ID#:	)	Loan Amount (\$) CAM
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Description of Collate	ral	· · · · · · · · · · · · · · · · · · ·		
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation	-	Employer	<u>-</u>	: ~
If lender	ATTACH ADDITIONAL CO			requirements.

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAM		pl. Thomas	3 ACCOUNT # (Ethics Commission filers)
4 Date	6 Payee address; City; State; Zip Code		7 Amount (\$)
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 Complete if direction of Candidate / Officeholder na	rect expenditure to benefit C/OH ↔ ame Office sought Office held
Date	Payee name  Payee address; City; State; Zip Code		Amount (\$)
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Date	Payee name Payee address; City; State; Zip Code		4: 41
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH arne Office sought Office held
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	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED

Texas Ethics Co	ommission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463	3-5800 1-800-325-850 <del>(</del>
	ICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sched	ule G:
2 FILER NAM	now Marchael Thomas	3 ACCOUNT # (Ethic	cs Commission filers)
4 Date	6 Payee address; City; State; Zip Code		8 Amount (\$) 53.70
	7 Purpose of expenditure (See instructions regarding type of information req	ruired.)	Russimbursement from political/ estrictions intended: 0.73
Date	Payee name  OMC  Payee address; City; State; Zip Code		CEIVEB SAN ANTONIC FOLERAL
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	ice.	Amount (\$) 23.54
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
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	Purpose of expenditure (See instructions regarding type of information red	quired.)	Reimbursement from political contributions intended
Date	Payee name    NCOS   Payee address; City; State; Zip Code		Amount (s)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	)	
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	cell for com	sa ign	V

	ENT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS	SCHEDULE H
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sched	ule H:
2 FILER NAME	E	3 ACCOUNT # (Ethic	s Commission filers)
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required.)		•• Complete if direct expenditure to Candidate Officeholder name Off	benefit C/OH fice sought Office held
Date	Business name		Amount (\$)
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Purpose of paym required.)	ment (See instructions regarding type of information	Complete if direct expenditure to l Candidate / Officeholder name Offi	benefit C/OH O
Date	Business name		Amount (\$)
	Business address; City; State; Zip Code	÷	e *
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	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

#### Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 P.O. Box 12070 **Texas Ethics Commission** NON-POLITICAL EXPENDITURES SCHEDULE ! MADE FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule I: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date 5 Payee name 8 **Amount** (\$) City; State; Zip Code 6 Payee address; 7 Purpose of expenditure (See instructions regarding type of information re Date Payee name Amount (\$) State; Zip Dode Pavee address: Purpose of expenditure (See instructions regarding type of information required.) Date **Amount** Payee name City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) U Date Payee name City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Date **Amount** Payee name (\$) Payee address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Purpose of expenditure (See instructions regarding type of information required.)

	CREDIT	ΓS (optional)		SCHEDULE K
	The Instruction	Guio∈ explains how to complete this form.	1 Total pages Sche	dule K:
2	FILER NAME 3 ACCOUNT # (Et			nics Commission filers)
4	Date	5 Payor name  6 Payor address; City; State; Zip Code		8 Amount (\$)
		7 Reason for credit		
	Date	Payor name		Amount (\$)
		Reason for credit		
	Date	Payor name		5- 4dV 1002 & Superior Superio
	Date	Payor name Payor address; City; State; Zip Code Reason for credit		SALVED SANTONIO 4: 41
	Date	Payor name Payor address; City; State; Zip Code Reason for credit		Amount (\$)
	<b>i</b>	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	